


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000071523</b>		
1. Entity Name <b>MILO RIGGS VENTURES, INC.</b>		
Principal Place of Business <b>5262 COUNTY RD. 311 IGNACIO, CO 81134</b>		Mailing Address <b>5262 COUNTY RD. 311 IGNACIO, CO 81134</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="text-align: right;">01232005    No Chg-P    CR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number <b>59-3748228</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired    <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent  <b>NESSLER, PAUL H JR 4052 COMMERCIAL WAY SPRING HILL, FL 34606</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SIMMONDS, DON M 5262 CR 311 IGNACIO, CO 81137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SIMMONDS, JUDY 5262 CR 311 IGNACIO, CO 81137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Don M. Simmonds</u> 1/29/05    970 563- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date    Daytime Phone # <u>3650</u>		